



MEMBERSHIP APPLICATION 2009

- Employee Stores
- Community Services
- Convenience Services
- Dependent Care
- Recreation Programs
- Recognition Programs
- Special Events
- Travel Services
- Voluntary Benefits
- Wellness

Check Appropriate Box for Type of Membership

Associate Membership: <i>(Member who has a product or service to sell)</i>	\$200.00	o
Associate Membership (Chapter Addition):	\$125.00	o
Student Membership:	\$ 50.00	o

Name of Business: _____

Street Address: _____

City, State, Zip: _____

ESM Assoc. Rep _____ Title: _____

Person Responsible for Discount Program: _____

Office Phone: _____ Fax: _____

E-mail Address: _____ No. of Employees: _____

How Does the Company Want to Receive Special Offers From Association Members?

- | | | |
|-------------------------------|------------|-------------------|
| 1. Flyers: | Yes o No o | How Many? _____ |
| 2. Posters: | Yes o No o | How Many? _____ |
| 3. Discount Coupon Cards: | Yes o No o | How Many? _____ |
| 4. Payroll Stuffers: | Yes o No o | How Many? _____ |
| 5. Letter: | Yes o No o | How Many? _____ |
| 6. Phone Call Before Sending: | Yes o No o | To Whom? _____ |
| 7. Company Store: | Yes o No o | |
| 8. Vendor Fair Onsite: | Yes o No o | |
| 9. Newsletter Write Up: | Yes o No o | Member |
| 10. E-mail | Yes o No o | Referral by _____ |
| 11. Other: | _____ | |

Mail Application and Membership Fee to:
 ESM Association of Central Florida, Inc.
 P. O. Box 593844
 Orlando, FL 32859-3844
 Please also Fax a copy to 407-855-6884
 Website: www.esmacfl.org

For Information Please Call:
 Ralph R. Recht – President (407) 855-6161
 Leslie Whitmer – Vice President (386) 226-6531
 Paula Pease – Secretary (321) 354-3524
 Carol Marchell – Treasurer (407) 855-5120
 Betty Homan – Associate Rep. (407) 387-2656